

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 352881

Entity Name: MERRILL INSURANCE GROUP, INC.**Current Principal Place of Business:**1209 N DONNELLY ST
MOUNT DORA, FL 32757**Current Mailing Address:**PO BOX 67
MT DORA, FL 32756-0067 US**FEI Number:** 59-1279221**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MERRILL, JON KENT
1209 NORTH DONNELLY STREET
MOUNT DORA, FL 32757 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JON K MERRILL

03/11/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CFO
Name MERRILL, KAREN L
Address 1209 NORTH DONNELLY STREET
City-State-Zip: MOUNT DORA FL 32757

Title CEO
Name MERRILL, JON KENT
Address 1209 NORTH DONNELLY STREET
City-State-Zip: MOUNT DORA FL 32575

Title SEC
Name MERRILL, KAREN L
Address 1209 NORTH DONNELLY STREET
City-State-Zip: MOUNT DORA FL 32757

Title VP
Name MERRILL, JON B
Address 1209 NORTH DONNELLY STREET
City-State-Zip: MOUNT DORA FL 32757

Title VP
Name MERRILL, BRETT J
Address 1209 NORTH DONNELLY STREET
City-State-Zip: MOUNT DORA FL 32757

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JON KENT MERRILL

CEO

03/11/2015

Electronic Signature of Signing Officer/Director Detail

Date